



PARTICIPANT ENROLLMENT & INCENTIVE CLAIM FORM



Funded by Riverside County
Transportation Commission

Funded by San Bernardino
Associated Governments

EMPLOYEE INFORMATION: (Please Print)	EMPLOYER INFORMATION: (Please Print)
One way miles from home to work _____	Employer Name _____
Social Security or CA Driver's License No. _____	Street Address _____
Name _____ Last First MI	City _____ Zip _____
Home Address _____	Employer Representative Name _____
City _____ Zip _____	Contact Phone (_____) _____ Ext _____
Home Phone (_____) _____	Contact FAX (_____) _____
Work Phone (_____) _____ Ext _____	Contact E-Mail _____
Email address: _____	

EMPLOYEE RIDESHARE MODE

How were you getting to work immediately prior to participating in this three-month incentive program? (Check One Mode Only)
☐ Drive Alone ☐ Carpool ☐ Vanpool ☐ Walk ☐ Telecommute ☐ Bicycle ☐ Public Bus ☐ Rail ☐ Buspool

Rideshare Arrangement Must Be With Working Adults – Complete One Mode Only

(Complete One Mode Only)
 Date you started your current Ridesharing Mode ____/____/____

Are you in: ☐ New Carpool ☐ Joining Existing Carpool Number of people in your carpool ____

☐ New Vanpool ☐ Existing Vanpool Number of people in your vanpool ____ Vanpool capacity ____

Type of Vanpool: (Please check one) ☐ VPSI ☐ Enterprise ☐ Company Owned ☐ Other _____

Vanpool Driver's Name _____

Adult Rideshare Partner(s)					
Name	Place of Employment	Daytime Phone	Name	Place of Employment	Daytime Phone
1. _____	_____	_____	8. _____	_____	_____
2. _____	_____	_____	9. _____	_____	_____
3. _____	_____	_____	10. _____	_____	_____
4. _____	_____	_____	11. _____	_____	_____
5. _____	_____	_____	12. _____	_____	_____
6. _____	_____	_____	13. _____	_____	_____

SUMMARY OF RULES OF ELIGIBILITY*

To be eligible to receive *Advantage/Option Rideshare* benefits, hereinafter referred to as INCENTIVE, participants must meet all of the following requirements: Rideshare Participant must live in a jurisdiction included in the Numerical Zip Code List. Rideshare Participant must be employed by a company registered in the INCENTIVE Program. Participant must be currently driving alone. Participant may not have been in a rideshare arrangement for the last 90 days prior to enrollment in INCENTIVE Program. A rideshare arrangement is defined as a carpool, buspool, vanpool, use of public bus or commuter rail, walking, bicycling or telecommuting. Rideshare participant may not have received, within six months prior to enrollment in the INCENTIVE Program, any incentive (including CLUB/TEAM RIDE) from RCTC's or SANBAG's Commuter Assistance Program or any other commuter assistance program operated or funded by a public agency. If a rideshare participant received an INCENTIVE more than six months ago, the rideshare participant may receive an INCENTIVE only if the INCENTIVE is for a different commute mode. Rideshare Participant may receive an INCENTIVE of \$2.00 per day for no more than three consecutive calendar months. All incentives shall be provided in the form of gift certificates selected by the participating employer. The only exception to this policy is participating commuters who join a Startup Vanpool. Startup Vanpool is defined as a new vanpool that is established for the very first time. Startup Vanpool does not include an existing vanpool group that changes vanpool drivers. Commuters must not have been in a vanpool for the past 180 days. Startup Vanpool will provide a subsidy over the first 12-month period the vanpool exists. A rideshare arrangement includes working adults only and does not include transporting children to school and/or day care. Rideshare Participant must commute to work on one or more weekdays (i.e., Monday through Friday) to qualify. An INCENTIVE will also be paid for qualifying weekend work trips as long as the participant works on weekend days as part of a regular shift that includes at least one weekday. Participant must use a rideshare arrangement to travel to work a minimum of 5 days a month to qualify for the receipt of the INCENTIVE.

*The above requirements are a summary of Resolution No. 03-025 adopted by the Riverside County Transportation Commission. Please refer to the Resolution for a complete set of rules. In the event of a conflict between this summary and the Resolution, the Resolution shall be controlling.

Please Turn Over ➡

INSTRUCTIONS:

In order to effectively track your rideshare days, please complete each month's chart daily. At the end of each month, please total your rideshare days. At the end of three consecutive months, please sign and date form verifying accuracy of data.

Please use the following codes to indicate how you commute to work each day:

B = Bicycle **C** = Carpool **T** = Telecommute
PB = Public Bus **R** = Rail **DA** = Drive Alone
V = Vanpool **W** = Walk **X** = Non Rideshare Day
BP = Buspool

EXAMPLE:

Date	Mode
7/1	C

Commute Tracking Log

For the Month of _____												Total rideshare days in month: _____ (5 day minimum to qualify)			
SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY			
Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode		

For the Month of _____												Total rideshare days in month: _____ (5 day minimum to qualify)			
SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY			
Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode		

For the Month of _____												Total rideshare days in month: _____ (5 day minimum to qualify)			
SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY			
Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode		

I acknowledge that I have read and understand the Summary of Rules of Eligibility governing the *Advantage/Option Rideshare* programs listed on the reverse side of this form, and certify that I am eligible to participate in and receive the incentives provided by the *Advantage/Option Rideshare* programs. I certify that I have not been in a rideshare arrangement 90 days prior to my enrollment in the *Advantage/Option Rideshare* programs. I further understand that any incentives I receive from *Advantage/Option Rideshare* may be subject to federal and state taxes and that any tax liability that may result is my responsibility.

EMPLOYEE SIGNATURE _____ Date ____/____/____

EMPLOYER REPRESENTATIVE SIGNATURE _____ Date ____/____/____
 (Original Signature Only. Signature Denotes Review And Approval Of Completed Form and Employee Eligibility)

After Employer Representative has signed and verified all information is complete, please mail Form to:
 Inland Empire Commuter Services, **7355 Magnolia Avenue, Riverside, CA 92504**

Do not write below this line

Vehicles Reduced _____	Joining New Pool _____	New Pool Credit _____	Comments _____
Number of Rideshare Days _____	Gift Certificate Type _____	Payment Amount _____	Payment Date _____

(arclaim7/03.doc)